



Position Applied for: **POLICE OFFICER**

Last four digits of Social Security Number

**PLEASE PRINT**

LAST NAME

FIRST NAME

M.I.

ADDRESS

APT#

CITY

STATE

ZIP CODE

HOME PHONE

WORK/MESSAGE PHONE

SOCIAL SECURITY NUMBER

( )

( )

- -

Provision of your social security number on this form is voluntary. It is requested to assist the City in tracking your employment application.

**CHECK THE APPROPRIATE BLOCK TO ANSWER THESE QUESTIONS:**

Are you an U.S. Citizen?

Have you ever been convicted or found guilty of a felony by any civilian or military court? Explain below.

Have you ever been coerced or dismissed from employment for inefficiency, delinquency, or misconduct? Explain below.

Have you ever worked for the City of Tucson previously?

Do you have any relatives working for the City of Tucson? Specify below.

Are you at least 21 years of age?

Do you have at least a high school diploma or GED?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**CERTIFICATION:**

I certify that all information contained in this application is true to the best of my knowledge. I understand that employment in certain positions may be conditional upon a review of criminal records. I authorize the City of Tucson to request and obtain records to determine the accuracy of my responses. I agree to abide by all applicable City of Tucson ordinances, City of Tucson Civil Service rules and regulations, and City of Tucson administrative directives upon my acceptance of employment with the City. I understand that any misrepresentation or omission on this application may be grounds for rejection of my application, removal of my name from an eligibility list, or discharge from employment with the City of Tucson. I agree to assume a continuing obligation to supplement the information in this application until the date of employment.

SIGNATURE

DATE

APPLICANT NAME (PRINT)

**Please complete the information on the reverse of this page**



The Tucson Police Department is seeking your assistance in obtaining information on our recruiting efforts. Please complete the following section regarding **this current hiring and testing process**.

**THIS SECTION WILL NOT BE REVIEWED AS PART OF ANY HIRING PROCESS AND WILL NOT AFFECT YOUR APPLICATION FOR EMPLOYMENT WITH THE CITY OF TUCSON.**

Please indicate below how you learned about this hiring and testing process? *Mark all that apply.*

- ☐ From a Tucson Police Department employee.
- ☐ From a City of Tucson employee (not working at the Police Department).
- ☐ Tucson Police Department website.
- ☐ Job Fair
- ☐ Newspaper advertisement
- ☐ TV advertisement
- ☐ Radio advertisement
- ☐ Direct call from a TPD Recruiting Officer

If you heard about this process at a **job fair** or through **advertising**, please complete this section:

Job Fair Which one(s) \_\_\_\_\_

Newspaper Ad Name of paper(s) \_\_\_\_\_

TV Ad Station/Channel \_\_\_\_\_

Radio Ad Station(s) \_\_\_\_\_

**Did you attend a recruiting workshop hosted by the Tucson Police Department?**

- ☐ NO
  - ☐ YES
- If YES, did you find it useful or helpful to you? ☐ YES ☐ NO
- What else would you like to have heard about at the workshop?

**Did you visit the Police Department's website when considering applying?**

- ☐ NO
  - ☐ YES
- If YES, did you find that it contained useful information for you? ☐ YES ☐ NO
- What other information would be useful to an applicant on the website?

# NOTICE TO APPLICANTS

The City of Tucson seeks your assistance in completing the information below. The data is used for employment statistics and analysis. This portion of the form is kept separate from your application and is not used in the screening or selection process.

**APPLICANT NAME:** \_\_\_\_\_

**POSITION APPLIED FOR:** POLICE OFFICER

**Date:** \_\_\_\_\_

## CHECK THE APPROPRIATE BOXES

RACE					
<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> OTHER

SEX		AGE	DATE OF BIRTH
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE		

PREFERENCE AND INCLUSION CREDIT (See Description Below)		
<input type="checkbox"/> Veteran or spouse of veteran	<input type="checkbox"/> Disabled	<input type="checkbox"/> Member of American Indian Tribe
<input checked="" type="checkbox"/> Attach DD Form 214 or other Military Document	<input checked="" type="checkbox"/> Attach Physician's Statement	<input checked="" type="checkbox"/> Attach Copy of Tribal Membership Identification

Civil Service Rules provide for the granting of preference or inclusion credit for the following groups of individuals:

### ▲ VETERANS (5 points)

- (1) A veteran of the of the armed forces of the United States separated therefrom under honorable conditions following more than six months of active duty.
- (2) A spouse or surviving spouse of any of the following, otherwise qualified pursuant to Subsection (a), shall be given a five point preference as if such spouse or surviving spouse were an eligible veteran pursuant to Subsection (a):
  - (a) Any veteran who died of a service connected disability.
  - (b) Any member of the armed forces serving on active duty who at the time of application is listed by the Secretary of Defense of the United States in any of the following categories for not less than ninety (90) days:
    - (1) missing in action
    - (2) captured in the line of duty by hostile force
    - (3) forcibly detained or interned in the line of duty by foreign government of power.
  - (c) A person who has a total, permanent disability resulting from a service connected disability or any person who died while such disability was in existence.

### \* PERSONS WITH DISABILITIES (5 points)

A person with a disability shall be defined as one having a mental or physical impairment which substantially limits one or more major life activities (walking, talking, seeing, hearing, breathing, speaking, learning, working, caring, for one's self, and performing manual tasks), or has a record of such impairment or is regarded as having such.

### ❖ NATIVE AMERICANS (5 points)

- (1) The Equal Employment Opportunity job group within which a Native American applicant is competing must be determined to be underrepresented by native Americans, in order for Native Americans to receive inclusion credit. Representation statistics will be established in the Equal Opportunity Data Report and maintained in the City's Equal Opportunity Office.
- (2) To receive inclusion credit, eligibility must be established by presentation of Tribal Membership Identification Documentation, Certification of Indian Blood Documentation, or Notice of Approval Letter from an officially designated Native American Tribe or Nation.

A person qualified for preference and/or inclusion credit under more than one subsection shall be awarded up to ten points.

If you are eligible for preference and/or inclusion credits, please complete this form and submit it and support documentation with your application.